



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## HINTS FOR NURSING IN YELLOW FEVER

By JULIA M. SCHOPFER

Tours Infirmary, New Orleans, La.

As the germ in yellow fever is only transmitted from the infected person to those susceptible by the *Stegomyia Fasciata*, a domestic mosquito breeding in clear water, the first precaution in the arrangement of the sick room or ward is to have it carefully screened and free from mosquitoes. If one should in any way enter it must be destroyed without fail. For the first three days the patient is kept closely under mosquito netting and carefully watched that the accident of being bitten by a mosquito cannot happen.

An alkaline cathartic (as magnesium sulphate) is usually given on the first day of the fever and thereafter, to cleanse the bowels, a saline flush daily.

To stimulate free action of the skin a hot mustard foot-bath is often given, with hot orange-leaf tea to drink freely administered if the patient is not nauseated.

After the sweating, which is profuse, is over, the patient must be carefully dried and clothing and bedding changed.

Champagne with crushed ice is given to settle the stomach and for stimulation. Lithia water, Londonderry lithia, or Bethesda water are given freely. If the patient is nauseated they must be given in small quantities but frequently.

A sponge bath is given daily, followed by an alcohol rub. The mouth and teeth must be carefully and regularly cleansed with an antiseptic.

Mustard poultices are used to relieve local pain.

The temperature, pulse, and respiration are taken every two or three hours, according to the patient's condition. A slow pulse is characteristic of yellow fever. In some cases with a temperature of 103° to 104° there will be a pulse of 42.

The urine must be carefully measured, and tested daily for albumin. It is important to keep the bedside notes with great care and detail, recording all symptoms, with the amount and character of each urination and defecation. Great gentleness is necessary in changing bed linen and clothing as prostration is often great and the patient must make no exertion. In extreme prostration the use of the bedpan is sometimes prohibited and pads used instead. Linen and stools should be disinfected.

I will describe the features of a case I have nursed in one of our neighboring small towns: When the patient was first taken in charge he had had some temperature for about three days. He had had ten grains of calomel followed by a saline cathartic on the first day of the fever. After the three days spoken of his temperature fell to almost normal and remained so for about four days, rising on the latter part of the fourth day to  $101.5^{\circ}$  and continuing to rise during the night. He became very restless and complained of intense pain in the back of the neck and head, sleeping but little.

Early in the morning by order of the physician I gave a hot mustard foot-bath, and hot orange-leaf tea frequently, the skin responding most satisfactorily. As the physician thought there were malarial symptoms a hypodermic injection of quinine was given, and for twenty-four hours five grains of quinine were given at intervals of four hours, without, however, producing any effect. The patient's temperature was now  $103.5^{\circ}$ . The bowels were then thoroughly flushed with a normal saline solution, the fluid returned being highly colored, almost black. The flushing was continued until the fluid was returned clear. The temperature and pulse responded at once and the former fell gradually through the night. The patient slept well.

The intestinal flushing was repeated daily, in the same manner, the returned fluid becoming clearer each day. On the fifth the bowels were normal.

The nourishment given consisted of liquid peptonoids, champagne, egg-nog, and grape juice, alternating, every two or three hours, with plenty of water. This was the diet for six days.

The people in the little town thought that I endangered the patient's life by giving him a daily sponge bath followed by an alcohol rub. When the temperature rose to  $103.5^{\circ}$ , due to the absorption of the toxin, the general opinion was that he was being "washed to death."

In a previous yellow fever epidemic in this little town, it had been thought imprudent to either bathe or change the patient's clothing or bedding from the beginning of the attack of fever until the end, and this belief still remained with the people. Nevertheless a few of the patients who had undergone this treatment of the dark ages recovered. One of these told me how offensive his own clothing was to himself and how on getting up he had immediately taken off his long worn apparel, put it into the fire-place and burnt it. When he visited my patient and saw the cleanliness of the yellow fever patient of to-day, a smile shone on his countenance, as if agreeably surprised and pleased with the modern treatment.